Uniform Medical Plan
Your Health, Your Plan Your Choice

Explanation of Benefits
October 14, 2004

Member Information

Forrest Gump
23 E 23 Military Land
Ft. Lewis, WA 98929

Your UMP ID Number: W000000001
Subscriber Name: Fred Gump
Claim Number: H000123459

Provider Information

Skyward Clinic
2233 42nd St SW
Seattle, WA 98116-2648

If you Have Questions, contact us:

By Mail:
Uniform Medical Plan
PO Box 34850
Seattle, WA 98124-1850

By Phone/E-mail:
Local: 425-670-3000
Toll Free: 1-800-762-6004
E-mail: www.ump.hca.wa.gov

Provider Name:	Date(s) of Service	Service(s) Provided	Amount Charged	UMP Allowed	Non – Covered Amount	Applied to Deductible	Other COB Paid	Coin %	UMP Paid	Patient's Responsi-bility	See Notes Section
Tom Jones, MD	04/03/04	Evaluation & Management Visit (99201)	$ 100.00	$90.00	$0.00	$0.00	$0.00	90%	$81.00	$9.00	PPU
Skyward Clinic	04/03/04	Laboratory Services (97001)	$15.00	$15.00	$0.00	$0.00	$0.00	90%	$13.50	$1.50	PPU
Huey Lewis, MD	04/04/04	Physical Therapy (97001)	$30.00	$30.00	$0.00	$0.00	$0.00	90%	$27.00	$3.00	PPU
		TOTALS	**$145.00**	**$135.00**	**$0.00**	**$0.00**	**$0.00**		**$121.50**	**$14.50**	

Other Insurance Paid Amount	**$50.00**
Adjustment Amount	**$0.00**
UMP Final Paid Amount	**$71.50**

Notes:

PPU – This is your plans participating provider's contractual allowance for this service. Provider agrees to reduce the fee to the amount allowed.

Deductible and Out-of-Pocket Maximum Information:

You have met **$200** of your 2004 $200 annual medical/surgical deductible.
You have met **$850.25** toward your annual out-of-pocket maximum limit of $1,125.00.

General Information:

(TBD)

Appeals Process:

If you disagree with any claims decision on this notice, call the phone numbers listed under Customer Service. Most problems can be resolved at this level. However, if you cannot resolve the problem at that level, you can request an appeal within 12 months of this notification. Follow the instructions below.

1. Circle the items you disagree with and explain why you disagree.
2. Send this information (or a copy) to
   Uniform Medical Plan
   First Level Appeals
   PO Box 34578
   Seattle, WA 98124-1578
3. Sign here:_____ Phone Number: ( ) _____ - _____